The Medical Fortnightly.

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UNDER THE EDITORIAL DIRECTION OF

FRANK PARSONS NORBURY, M. D. AND THOS. A. HOPKINS, M. D.

Secretary: CHARLES WOOD FASSETT, M. D.

A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER

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Volume XXII **OCTOBER TENTH** **Number 7**

Editorial Department.

William Beaumont.

In the history of American medicine there is no greater record of the prolonged and essentially technical observations made in original research than those made by William Beaumont in his study of the physiology of digestion. His work today stands as the basis of our knowledge of this important physiological function, and much that has been done in recent years is but to confirm his observations. St. Louis has occasion therefore to be justly proud of the fact that one of her physicians attained this eminence in the world of scientific medicine.

It was to memorialize Beaumont's studies and observations that the St. Louis Medical Society invited Dr. William Osler, of Johns Hopkins University, to deliver his address on William Beaumont, America's First and Greatest Physiologist. The audience which greeted Dr. Osler at the Odeon, Saturday evening, October 4th, was a fitting tribute to both subject and the orator. For as one of the oldest physicians of St. Louis remarked, "Never before had he seen such an audience, almost exclusively a medical body assembled in St. Louis." The profession of the city was well represented, the medical students of the colleges were there in full force, and many visiting members of the profession, invited guests, contributed to fill that great auditorium. The assembly truly was one in every way a credit to the importance of this occasion.

Dr. Osler, with characteristic powers of research and generalization, presented the historical side of this great work of Beaumont. As the lecturer well said—the meeting of Beaumont and his patient Alexis Saint Martin—was the "meeting of the man and the opportunity." Beaumont recognized in Saint Martin's condition, after convalescence from his accident, the opportunity to study the physiology of digestion. To make this possible he arranged to keep Saint Martin with him, and for years, with varying conditions, due to his position as army surgeon, and often with disheartening interruptions and trying opposition, Beaumont labored

on. For nearly thirty years he continued his studies, and th re his work were shown by Osler to be our present basic knowledge of the physiology of digestion. Osler presented historical facts gleaned from a voluminous record and correspondence left by Beaumont and carefully preserved by his daughter, who still lives in St. Louis.

The work of this great observer is now more greatly appreciated perhaps than before the days of such universal, exact laboratory investigation. The patient and trying work of the research scholar is the foundation upon which medicine and surgery rests, and Beaumont is honored with a place in the world's work in medical science which is permanent and will forever reflect honor upon the City of St. Louis, where he lived and engaged in active practice for many years.

The St. Louis Medical Society has honored his labors in a way that should emphasize America's belief in her own sons, and should encourage a sentiment of love and honor to the toilers who work for the benefit of the great profession to which they belong. The compensation of Beaumont is endless; his achievements live, like those of Galen, Sydenham Koch and others; a name honored forever in medicine, and truly and justly so, because he earned it by his indefatigable and painstaking studies. Beaumont's honored place in medicine should be the stimulus for the students in medicine to be ever alert, and watchful for the opportunities which, when grasped, make and mark epochs in the history of medicine. It was the man and the opportunity meeting which gave Beaumont his place as a physiologist. Opportunities are always being made, and men there are, who if meeting them, will extract all there is to be had out of such events.

American research work is now being organized for the purpose of making men to recognize and grasp the opportunities which certainly will be presented in the limitless field of medicine. We need more Beaumonts to do the work. F. P. N.

The Roentgen Rays in Localizing Brain Tumor.

The recent work of Drs. Charles K. Mills and G. E. Pfahler (Philadelphia Medical Journal September 27, 1902) in localizing brain tumors by the aid of the X-rays, marks a great advance in neurological diagnosis. The importance of these observations is expressed in the following words of Mills: "I believe we are getting on surer ground with regard both to the diagnosis and the operative treatment of cases of tumor of the brain. In addition to our increased knowledge regarding the localization of cerebral functions," the cases reported, "show that the Roentgen ray method has a practical place in the diagnosis of intracranial neoplasms." Mills concludes (1) that, as soon as a brain tumor is clearly diagnosticated, if presumably, it is in an accessible area, operation should at once be performed; (2) that a Roentgen ray investigation should be added to the other methods of diagnosis. The technical consideration of operative interference is of great importance and surgeons interetsed in brain surgery should by all means familiarize themselves with the suggestions along this line made by Mills.

The World's Fair Hospital.

THE plan to make the hospital of the World's Fair a permanent structure is meeting with nothing but approving comment. The idea originated with Medical Director Laidley, who hopes to interest some philanthropist in the project, and with his assistance erect a hospital building of a style in keeping with the Washington University group and on the University tract of ground. At the close of the fair the building would be turned over to the university and serve as a permanent hospital for that institution. It would seem that such a structure would very materially be an advantage during the Fair; temporary structures are not conducive to the best of hospital work, and this is a time when St. Louis wants nothing but the best. Add to this the evident need of a hospital for the university, and it would seem that the means for its erection must be easily found. As a business proposition there is no more important enterprise within our city than Washington University; the growth of this institution during the last decade has been phenomenal, we doubt if any other school except those newly founded with limitless wealth behind them can boast a like progress. The number of students constantly enrolled makes the need of a University Hospital evident. This need will be greater with the growth of the institution, which is one of the certainties. As a philanthropic project and as a monument which shall be appreciated by the whole world we know of no opportunity for the philanthropist which can equal the erection and endowment of this World's Fair-University Hospital.

The Use of The Commode in Heart Disease.

ONE of the most important details in the management of patients afflicted with heart disease and in a condition necessitating conservative care, is the use of the commode. It is not an unusual experience, especially in senile cases to have the patient suddenly collapse during or soon after the use of the commode. This is largely due to the physical exertion of getting out of bed upon which most patients insist, as many of them cannot use a bed-pan. Lander Brunton in devising some means to meet the necessity of overcoming exertion and of giving comfort to his patients suggests the following plan:

"It is to have a strong platform made of wood, of such a height that the commode when placed upon it, is level with the bed. A large strong packing box, sawn to the proper height, may answer, or, if this is not at hand, any carpenter can put together a rough but strong construction of the kind needed. If nothing else is at hand the drawer of a wardrobe turned upside down will do, but it must be supported from below by books or pillows piled up within it, so as to prevent the bottom from breaking through, as usually it is not strong enough to support the weight. The commode being pushed close to the bedside, the patient has simply to slew himself round upon it. The body is raised, and the legs are allowed to hang down. After the bowels have been evacuated, he is

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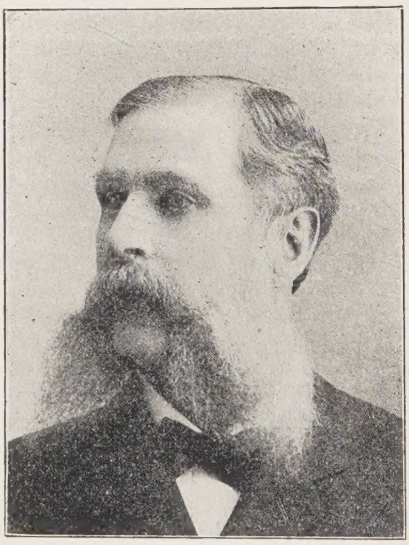

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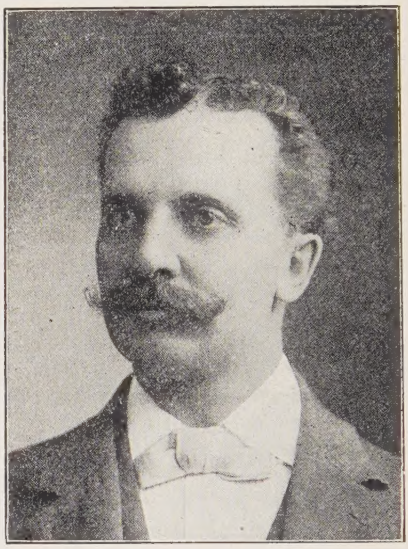

PAUL PAQUIN, M. D.
Asheville, N. C.
Second Vice-President.

A Group at Hotel Victory, Put-in-Bay, during meeting of Mississippi Valley Medical Association, October, 1901.

rolled round on his side into bed. During the whole process no change is ever made in the level of the patient, the only alteration being in the relative position of the trunk and legs with reference to his pelvis."—(Disorders of Assimilation, etc.)

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Mississippi Valley Medical Association.

THE twenty-eighth annual meeting of this prosperous Association promises to be a notable one in many respects. It is to be held in Kansas City, Mo., October 15, 16, 17, the first meeting which has been held west of St. Louis. More than ninety papers have been promised to be read before the Medical and Surgical Sections.

The President of the Association, Dr. S. P. Collings, of Hot Springs, is an enthusiastic worker in its interests, and much of the assured success of the meeting is due to his untiring efforts to accomplish this. Dr. A. H. Cordier, the ex-President of 1901, is chairman of the Committee of Arrangements, and the success of the entertainment is due to his efficient committee's work.

A notable example of the up-to-dateness of the Association's work is the provision by the secretary for a symposium upon the Roentgen ray, and no subject in medicine has attracted so wide attention for many years. The other papers cover a wide field, both in medicine and surgery, offered by medical men living in a wide circle from the place of meeting, both in and distant from the valley.

A cordial invitation is extended the profession to attend the meeting in Kansas City. Reduced rates will be in effect over all lines (a fare and a third on the certificate plan), and a special train will leave St. Louis over the Wabash railroad on October 14, at 10:30 p. m., arriving at Kansas City the next morning at 7:30.

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THE INTERNATIONAL CONGRESS ON THE PREVENTION OF TUBERCULOSIS will be held in Berlin, on October 22-26, 1902. A general invitation has been extended to the profession.

THE ENSWORTH MEDICAL COLLEGE of St. Joseph is the first Western college to establish a chair of Medical History and Medical Journalism. Dr. Chas. Wood Fassett has been elected to fill the chair.

SPECIAL M. V. M. A. NUMBER.—The next issue of the FORTNIGHTLY will be devoted largely to the Mississippi Valley Medical Association, its proceedings and papers, together with portraits of officers and prominent members. It will also contain Prof. Osler's lecture on Beaumont. A large edition will be issued for distribution among the profession of the Central West.

ELECTION.—The new officers of the Oregon State Medical Society elected September 11th, 1902, are as follows: President, Dr. Henry Waldo Coe, Portland; First Vice-President, Dr. F. W. Van Dyke, Grant's Pass; Second Vice-President, Dr. J. A. Geigenderfer, The Dalles; Third Vice-President, Dr. J. P. Temiesie, Hillsboro; Secretary, Dr. A. D. Mackenzie, Portland; Treasurer, Dr. Mae Cardwell, Portland.

The Reviewer's Table.

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

MOSQUITO BRIGADES AND HOW TO ORGANIZE THEM. By Ronald Ross, F.R.C.S., D.P. H., F. R. S., Walter Myers, Lecturer on Tropical Medicine, Liverpool School of Tropical Medicine; Major Indian Medical Service, retired. New York: Longmans, Green & Co. London: George Philip & Son. 1902.

This is an unusually interesting and valuable book, devoted to the elaboration of the mosquito theory of the transmission of malarial fevers, and the practical application of means devised to pervent the spread of such fevers. The timely publication of this book by this distinguished research worker in the field of tropical medicine will do much toward establishing the facts now indisputable, as to the mosquito borne diseases, and especially as regards the malarial fevers. A thorough reading of the book shows the painstaking work of an original investigator. The text is arranged in the following very serviceable order: Things to be learned; covering the leading facts about mosquitoes, their breeding places, how to find the adults, correctng popular misconceptions, etc., etc. Things to be done, covering the organization of the brigades for the extermination of the mosquito pest. Appendix.—History of the war against mosquitoes, etc. Taking the book as a whole, it is representative of the newer thought in preventive medicine and a scholarly, practical manual, which already is serving as a guide to municipal health authorities in stamping out the mosquito pests.

FOUR HUNDRED DOLLAR PRIZE.—Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of $400 for the best paper on the subject: "Does the habitual subdermic use of morphia cause organic disease? If so, what?" Contest to be open two years from December 1, 1901, to any physician, in any language. Award to be be determined by a committee: Dr. T. D. Crothers, Hartford, Conn., editor Journal of Inebriety, chairman; Dr. J. M. Van Cott, Professor of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia. All papers to be in the hands of the chairman, by or before December 1, 1903; to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the committee may select.

A MEANS of distinguishing death from catalepsy has been devised by Dr. Ricard of Marseilles, and submitted to the Academie des Sciences. He injects fluorescin, a strong coloring matter that is not poisonous, into the veins. A gramme of fluorescin solution will color 45,000 litres of water. If there is any circulation the body will turn green in two minutes, but the color passes away in a couple of hours without doing any harm.

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

Contributions, and books for review, should be sent to the Editors, 312 Century Building, St. Louis.

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Emergency Surgery—Case-Records.

By Carl E. Black, M. D.

JACKSONVILLE, ILL.

Read before the Morgan County (Ill.) Medical Society, July 10, 1902.

THE subject of injuries is of interest and importance to every general practitioner, as well as to the surgeon. While it is true that a medical case may become a medico-legal case, it is equally true that any accident case is liable to become a medico-legal case.

A prominent professor of surgery in one of our colleges was in the habit of saying to the students, as an introduction to his lectures on accident surgery, that before beginning the treatment of any accident case, the surgeon should stop a moment and imagine a judge on the bench, a jury of twelve men in the box, and opposing lawyers presenting this case on its merits, as to whether or not the doctor attending it had been guilty of malpractice. He should then govern himself accordingly.

In the management of such cases one of the first duties of a surgeon, after relieving the suffering of the injured, is to protect himself and those he represents. He should seek to make it impossible for the patient, at some subsequent date, to evade the truth. Physicians should always be seekers of the truth, and in accident cases they should be recorders of what they seek.

When called to attend a case of accident, what shall we take with us? This will depend partly on conditions. The first condition is the amount of information at hand. If our messenger should say that the patient has an injury at the wrist, with disability, we can quickly imagine a Colles fracture or dislocation, and easily provide what is necessary, but if the messenger says that there has been a runaway, and that a man is lying by the roadside unconscious, we have little or nothing to guide us.

Our armamentarium, when called to visit a patient several miles in the country, will be different from that required for going only a short distance in the city, or still different, if the patient has been taken to the hospital.

In general. we will need in going to an accident, stimulants, antiseptics, to be used both as powder and in solution, cotton, gauze, bandages; splints can be improvised for temporary purposes at least, and stretchers can readily be improvised. It is important to cover the wounds with the antiseptic powder before any thing else touches them. We will be fortunate if we arrive in time to prevent friends from applying soiled cloths, which will infect the wounds.

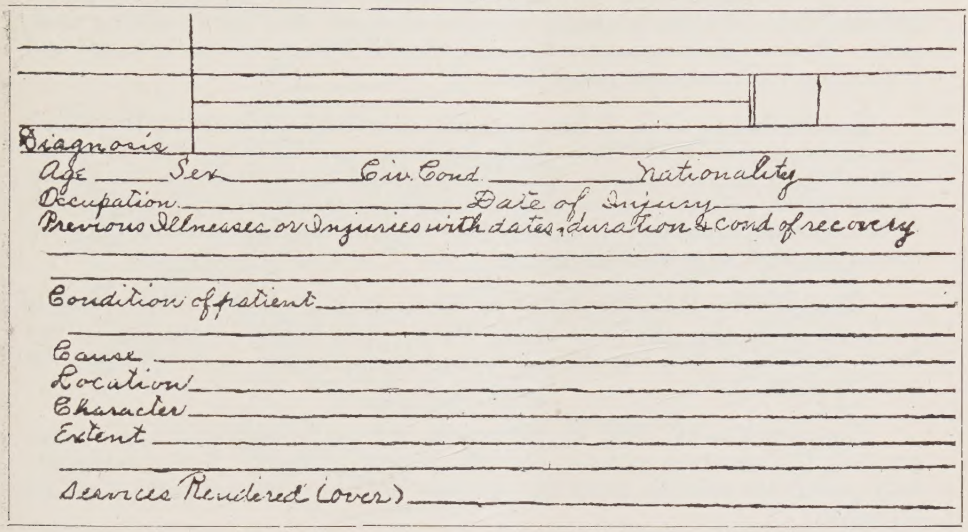
Our first solicitude should be for the patient's immediate safety. This requires attention principally to three things: First. The stopping of hemorrhage. Second. The overcoming of shock; and Third. The prevention of infection. While performing these duties we should take the opportunity, if the patient is conscious, to ask him the cause of the accident. This is exceedingly important. A prominent railroad attorney of claims, in discussing this point, recently said, "Patients always state the truth while the pain is on and the blood is running, and rarely can recall the exact facts at any later period."

The surgeon, above all others, is the one who has the golden opportunity to secure the truth. The surgeon who neglects this duty is not doing all that the highest aims of his profession require. We should insist on the truth. After receiving the patient's story of the accident. which by the way should be recorded as nearly as possible in his own words, we should give attention to the bystanders. Note the names of those present, and something of what they say as to the cause of the accident. If any of the bystanders know the cause of the accident the surgeon should hear their statements and record them. This can all be done while the surgeon is preparing his patient for removal to his home or the hospital, or if he is already at the home or hospital, it can be done while the preparation for permanent dressings is being made.

The surgeon should not only hear what the patient and others have to say of the accident, but he should be prepared to make some record of it. A part of his armamentarium, in responding to an accident case, or any case for that matter, should be proper facilities for making a record of the facts.

This brings me to the point which I wish to make my topic for this meeting; that is, "the best method of keeping records of cases, and more especially, the method best adapted to emergency records." Many years ago I adopted for all my work the card system, for both book-keeping and records. My account and record of the case are both kept on the same card. These cards are always carried in my pocket-book, and are ready for use on any occasion and at any place. This secures uniformity of records; secures a record made on the spot while the facts are fresh in mind. We do not have to rely even on waiting until we return to our office before we make our record. I always carry in my pocket-book several forms of cards; that is to say, I have printed with the mimeograph on these cards certain blank forms which secure uniformity in recording. In accident cases I use the following form:

No. I



This form answers all the requirements of railroad companies, accident insurance companies and others. If we fill in all the facts called for on this card we will have, on returning to our office, all the data necessary for making out railroad reports, accident insurance reports, etc.

For subsequent memoranda regarding the case I use the following blank card:

No. II

You will notice that both of these cards contain lines for the name, address, date, services rendered, amount charged, and for crediting cash paid. Below this is space for entering memoranda regarding the case and indicating the treatment prescribed.

In addition to these I have recently adopted Keen's charts for which P. Blakiston Sons & Co. have made for me according to my special order, a set of eight rubber stamps. They are made of the proper size to stamp on my cards. Thus you see that besides the written description, which to be complete must be voluminous, one can quickly indicate on a diagram the nature and extent of an injury.

Diagram No. III (Fig. 1) shows the front of the body. Each bone is outlined, as is also the form of the body. Any injury occurring to the front portion of the shoulders, neck, ribs, abdomen or pelvis can be quickly located.

Diagram No. IV (Fig. 2) represents the posterior part of the body, showing the vertebral column, scapula, ribs and pelvis. And it is especially useful for injuries about the spine or back or posterior portion of the shoulder.

Diagram No. V (Fig. 3) shows the right side of the body, and is very useful in showing accurately the location of injury, disease or tumors of the side.

Diagram No. VI (Fig. 4) shows the left side of the body and is adapted to the same use as Fig. 3.

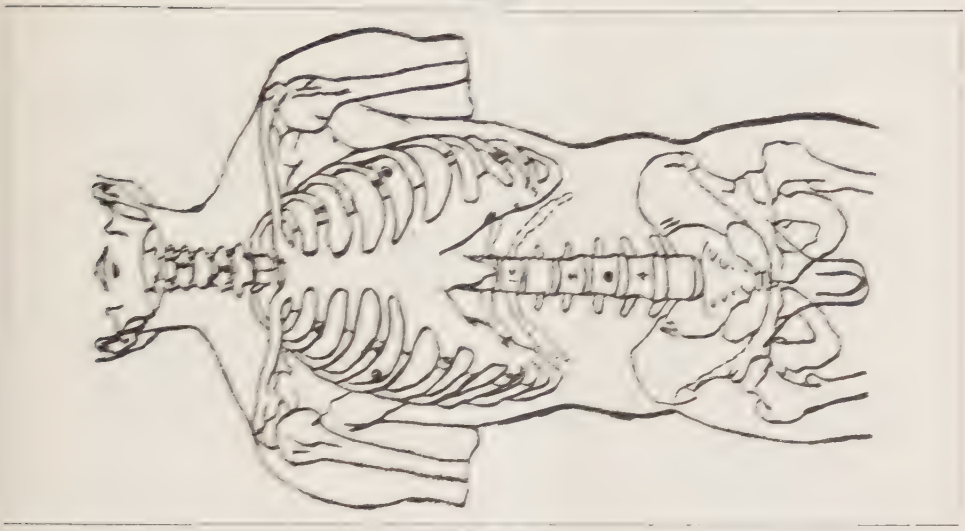
Diagram No. VII (Figs. 5 and 6) show the arms, hands and fingers. The anterior and posterior portions of all the bones from the shoulder to the finger tips are shown. These are specially useful in fractures and dislocations of the upper extremity, but any injury, operation, paralysis or seat of pain can be accurately recorded.

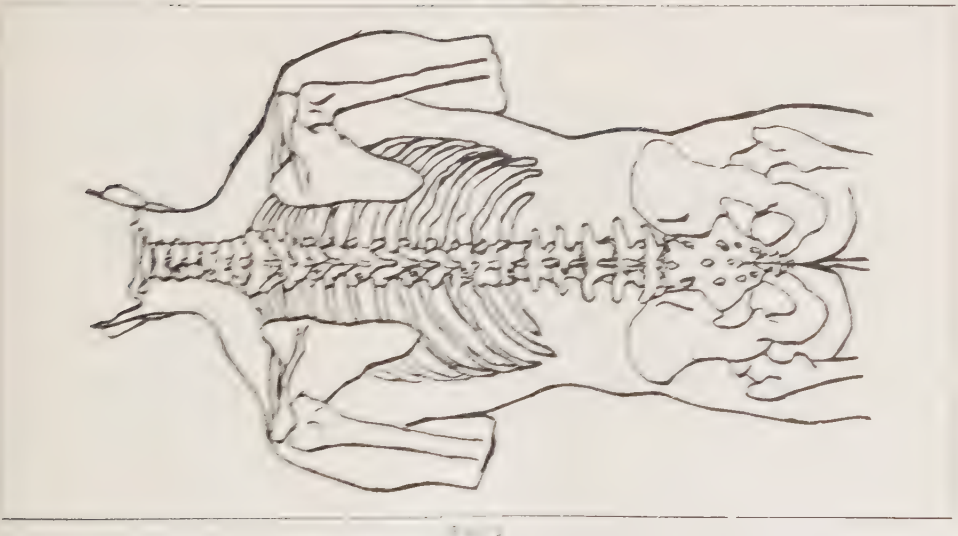
Diagram No. VIII (Figs. 7 and 8) show the lower extremities excepting the feet, and are useful in the same ways as diagram No. VII.

Diagram No. IX (Figs. 9 and 10) show the neck, face and head, and is probably the most useful of all.

Diagram No. X (Figs. 11, 12 and 13) supplements diagram No. VIII in that it gives a larger view of the bones and tissues of the feet. All of these are very useful in recording injuries of the feet and ankles.

No description of an injury or seat of pain, or area of paralysis is so accurate as that carefully outlined on a diagram. For this reason railroad companies require their surgeons to indicate on a diagram the location of the injury.





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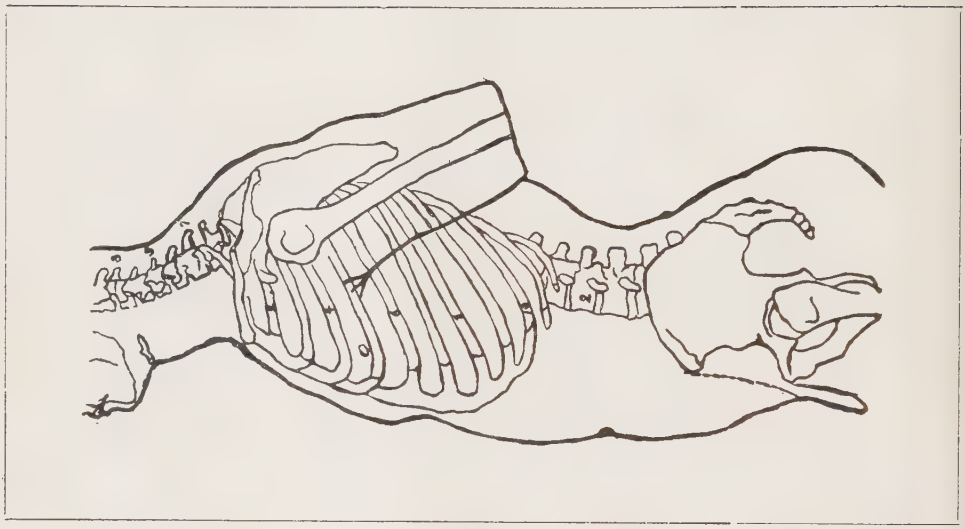


FIG. 3.

No. VI

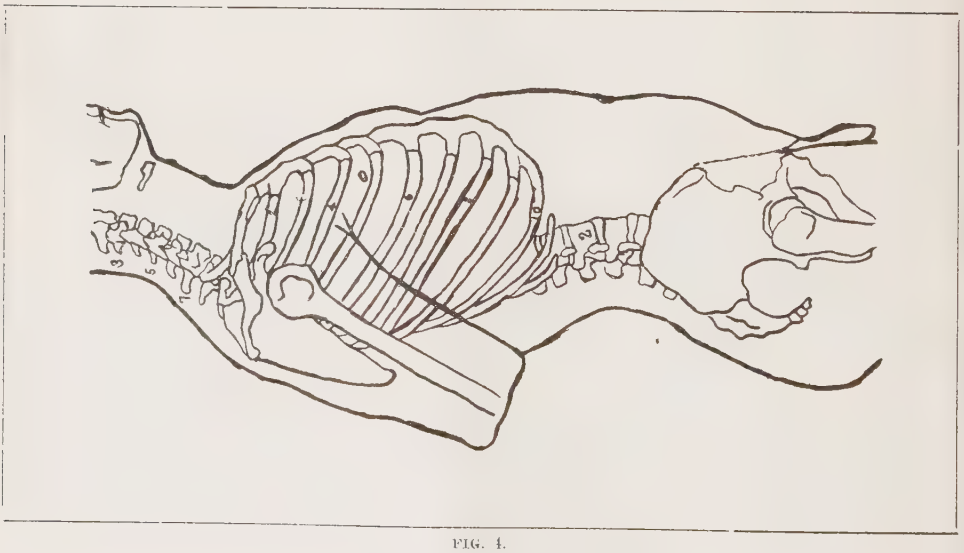


FIG. 4.

No. VII

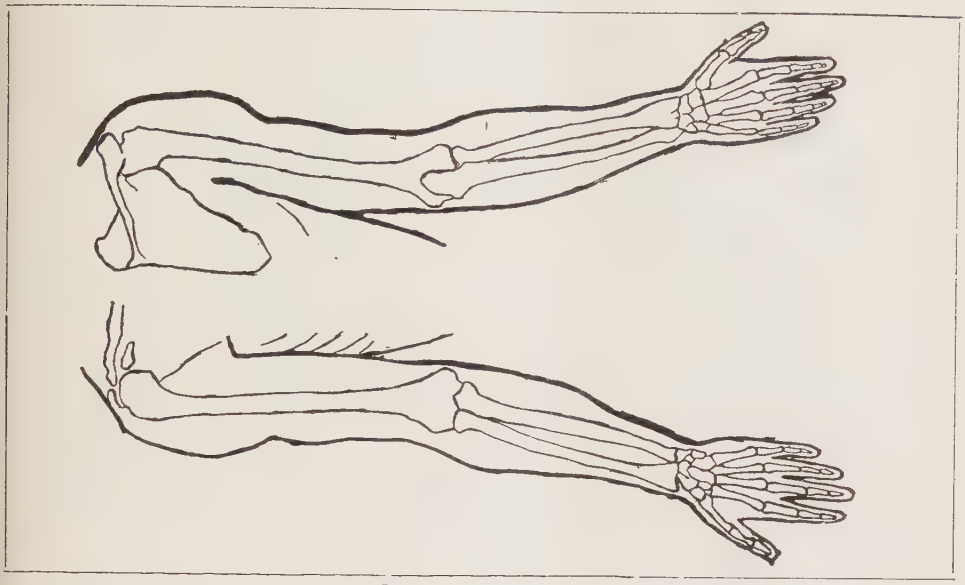
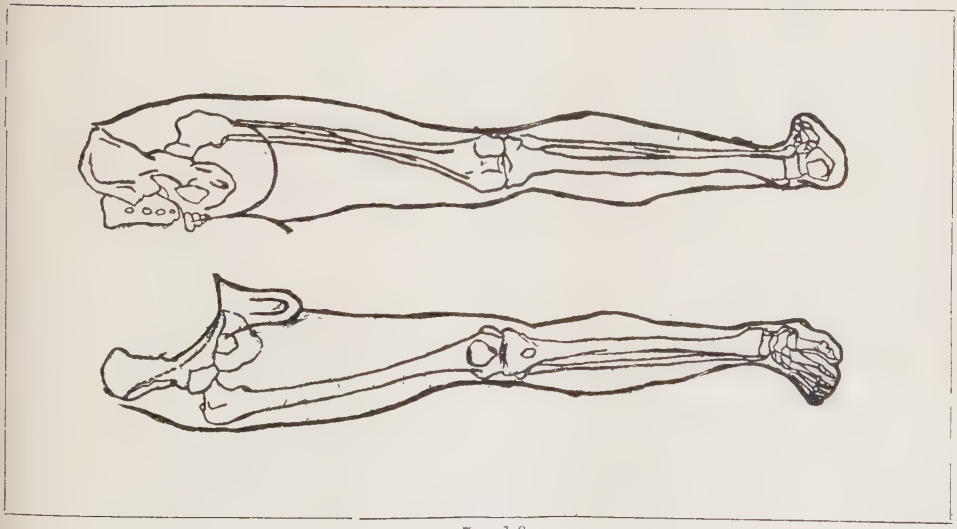


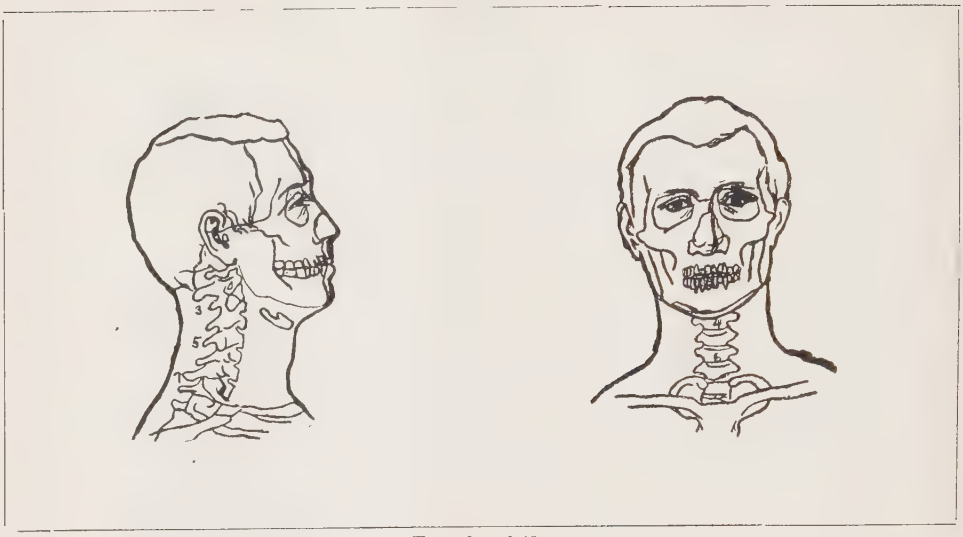
FIG. 5. FIG. 6.

No. VIII



FIGS. 7 and 8.

No. IX



FIGS. 9 and 10.

No. X

FIGS. 11, 12 and 13.

It has been my experience, upon more than one occasion, to have several cases to record. At one time I was called to see two people, each shot through the abdomen, the ball entering at almost incidentally the same point in each. Here something more was necessary than to indicate on a diagram the point at which the ball entered. It was exceedingly important to secure information as to the probable direction of the ball, as subsequent events showed in these cases. One case was insignificant, the ball passing around outside the ribs, while in the other the ball passed through the transverse colon into the pleural cavity, leading to very serious results, which only extensive operative work prevented from being fatal.

On another occasion I was called on to examine thirty-one people for injuries. This was of course the result of a railroad accident. In railroad surgery severing the contunity of the skin or breaking bones often prove to be insignificant, compared to concussions of the spine or strain of joints, which give comparatively few immediate signs and symptoms. Therefore, after a railroad collision, if the surgeon is to serve the best interests of his company, as well as protect his own interests, he should examine every passenger, not waiting for the injured to present themselves. Under such circumstances many of the most serious injuries, if this precaution is not taken, will not be discovered until presented by an attorney with a demand for damages.

There will be other surprises, too. I remember, in going through a train and interrogating and examining each passenger, finding a woman with a scalp wound three inches long, involving the periosteum, which had not been mentioned to any one, and was only discovered by direct examination. On this same occasion I examined, in one day, 151 people. In some there was only a verbal examination, while in others there was a very considerable examination; especially for tender points along the spine and in other parts of the body.

Seventeen of these patients had more or less external evidence of injury, while five employees and trespassers had serious multiple injuries and five others were killed. It was necessary for me to preserve a record regarding each one of these persons. Under these circumstances, and I believe under all circumstances, the card plan offers the only perfect system for making an immediate and accurate and complete record of our observations in such form that they do not have to be copied.

I trust that more colleagues will look into this matter and adopt this plan of record.

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For Nasal Catarrh (Externally).

℞ Beutul-ol (methyl-oleo-salicylate co.)..... min. 10
Acid. oleici..... 3i
Ol. amydal. dulc..... 5ii
Salol..... gr. 10

Sig: To be used as spray.

A Note on the Spontaneous Fracture and Expulsion of Urinary Calculi.

By Reginald Harrison, F.R.C.S.,

LONDON, ENGLAND.

THESE remarks followed the exhibition of a specimen illustrating Nature's method of breaking up a stone in the bladder and expelling the fragments, without any mechanical intervention on the part of the surgeon.

Instances where stones in the bladder of considerable size have thus been disposed of are not very rare,* and their careful consideration may be the means of instructing us how art can wrest from Nature another of her secrets for the advantage of humanity. The operative treatment of stone has by various procedures been brought within quite recent years to a degree of safety, and perfection which at one time could hardly have been anticipated. The next important move in its treatment will probably be in the direction I have ventured previously to indicate,† and shall endeavor to illustrate today.

The curative processes which Nature adopts when she takes up surgery may be regarded as sound in principle, but if I may be allowed to say so with all deference, she is at times seemingly somewhat clumsy in execution. As for instance in the relieving of retention from urethral stricture by abscesses and fistula and extravasation of urine, or in the breaking and expelling of a bladder stone, as evidenced by what I am showing. Yet the circumstanes attending these and other spontaneous processes of repair that might be named contain much that may be studied and imitated with advantage. It is enough that Nature should give us principles and leave those who are te be benefited thereby to work them out in practice for themselves.

In October, 1899, I saw a gentleman, aged 70 years on the advice of Dr. Johnstone, of Langport. He had undoubtedly one or more stones in his bladder of some size and the urine contained an excess of uric acid. Though the symptoms were marked they were not urgent. His prostate was enlarged and so had commenced to trap the somewhat abundant crystals and concretions of uric acid which his kidneys furnished. He did not wish to be sounded or to submit to any operative treatment whatever. I mention this particularly as mechanical treatment could not have had any thing to do with what subsequently followed. He wished me to prescribe for him something which might possibly arrest further formation of stone, and this I accordingly attempted.

To divert for a moment: Some years ago I came across a paper by Dr. Kohler,‡ of Kosten, in which he advocated the use of a salt called boracite (native magnesium borate; German, Boraxspath; Wurfelstein). It is I understand a natural compound of boracic acid and magnesia found

* Brit. Med. Jour., Jan. 4, 1868.
† The Lancet, Feb. 9, 1901.
‡ Berlin: Klinische Wochenschrift, Nov. 3, 1879.

near Luneburg in Germany and elsewhere, and is well known in commerce. When combined with citric acid and some sugar, as described in Dr. Kohler's paper, and taken in water it forms an agreeable preparation. It may be prescribed under the name of the compound powder of boracite of magnesia in teaspoonful doses in a tumbler of warm or cold water two or three times a day, or even oftener. I use it for various purposes, as I find it is the only perparation of boracic acid I have met with that can be taken in considerable doses without disturbing the digestion. I frequently use it for sterilizing the urine like as I formerly employed boracic acid. Dr. Kohler in his paper advocates the use of this salt for the reasons "that it diminishes the stones, and by its diuretic effects aids micturition." In support of his statements he narrates five cases where this remedy was used apparently with good effect. Without following Dr. Kohler's remarks further I may say that my long experience in the use of boracite in this class of cases corresponds with his.

To return: I advised my patient whose case forms the text for these notes to take it, and to take it freely and continuously in the way mentioned, and this I believe he did, and as I may add a large number of others have done.

I heard nothing further about him, after a lapse of two and one-half years, until a few weeks when his doctor again wrote me and sent me the specimen I am showing you today. It would appear from Dr. Johnstone's account, that about two years after the only occasion I have seen him, and he commenced to take the boracite, he began to pass fragments of stone, and "although they have sometimes caused pain in coming through the urethra, there has only once been any hemorrhage, and that very slight." The fragments thus expelled weighed two drachms, and consist mainly of uric acid with a slight coating on some of them of phosphates. The whole mass is made up of 64 separate pieces. The fragments closely resemble what may be effected by the use of the lithotrite.

The speculation is an interesting one as to how the original stone or stones were thus broken up almost as thoroughly as if done by the practised hand of a lithotritist. How did Nature accomplish this? for we could hardly conclude that this was one of those instances where fracture of a calculus within the bladder was effected by accident as by a violent concussion. There is no evidence to support such a theory.

Several explanations have been offered for the spontaneous breaking of calculus within the bladder. The late Professor Bigelow when I was at Boston watching his earliest operations as he was developing lithola-paxy, told me he was convinced that a man could break up some stones with his hypertrophied bladder just as readily as he could crack walnuts with his hand.

Again, the late Dr. Ord compared the spontaneous fracture of some urinary calculi to the bursting of a shell from explosive forces acting from within the stone, and possibly induced by some changes in the medium surrounding it.

In the third place it seems not unlikely that the friability or breaking resistance of a calculus may be also influenced by direct contact with the

medium or fluid which more or less constantly surrounds it. That this may be done without a departure from that uniform process by which they are built up by molecular coalescence, as Rainey was the first to describe I have very little doubt of. I have frequently noticed in a long experience with lithotrity how apparently similar calculi vary in brittleness and in resistance to crushing. That the latter may be artificially intensified or diminished by various agencies, of which perhaps boracite may prove either directly or indirectly to be one, I am also inclined to believe. It is an enquiry worth while following up so long as no harm is allowed to arise out of it. For amongst the various problems relating to diseases of the urinary organs requiring solution we must include that of determining the process or processes by which the spontaneous dissolution of calculi generally is brought out.

On the one hand though, we have reasons for concluding that natural urine is in itself capable of providing for the formation of at least all the commoner forms of urinary calculi, we are on the other hand largely safeguarded from such a contingency, as great liability to calculous diseases, by the fact, as Rainey demonstrated, that the process of stone formation was not a casual one, but was determined by conditions which are both numerous and precise, and are just as necessary for the completed process as the material itself.

Probably there are no more useful or interesting problems for the student of pathology than those relating to the formation and spontaneous fracture and expulsion of the calculi and concretions which are incidental to the urinary organs.

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Guggenheim Increases Gift.—Meyer Guggenheim of New York has added $20,000 to his gift of $60,000 for the erection of a hospital for private patients on the grounds of the Jewish Hospital, Philadelphia. The structure will be larger than originally planned. It is expected that not only this building, but the other new buildings of the same institution, the Loeb operating building and the Eisner building for nurses will be finished by January 1, 1903.

Whooping Cough.—This is primarily a disease of the nervous system involving the respiratory oragns. It is a convulsive, strangling cough, characterized by peculiar sonorous or whooping inspirations, from which the popular name is taken. It comes on in fits, and the cough is so severe at times that the patient turns purple, gasps for breath, and presents all the symptoms of suffocation. It is infectious, chiefly attacks children, and, like the small-pox, only occurs once during life. The treatment consists chiefly in obviating irritation and in exciting nausea and occasional vomiting. From the first, aperients and sedatives in small doses every hour or so. A hot bath is often serviceable. Plenty of home-made lemonade, not too sweet, is an excellent thing for children with whooping cough.—*Health.*

The Technique and Possibilities of Endovesical Operative Procedures.

By Louis E. Schmidt, M. Sc., M. D.,

CHICAGO.

Read before the Tri-State Medical Society, at Chicago, April 3, 1902.

THE Bottini operation and the catherization of the ureters have been extensively discussed in the past few years. Strictly speaking these procedures do not belong to the class of operations under consideration, and for this reason I will not discuss them, but will confine this paper to those operative interferences which are performed inside of the bladder under the guidance of the eye, without any previous cutting operation, which is done for making the interior of the bladder accessible. In other words, operations which can be performed with the aid of instruments, which allow of the inspection of the affected areas of the bladder wall, and at the same time admit of the introduction of mechanical appliances which are used for the different operative procedures. These systems of instruments are called operative cystoscopes. Three distinct types of instruments are distinguished from each other.

Not to go into detail, but simply to mention their important points, and thus show their difference, it will be necessary to enumerate.

1. Nitze operative cystoscope. Here the lamp, prism and window are on the concave surface of the beak. In front of the space between the lamp and the window the operative appliances are placed. In fact the operative appliance carries in its hollow shaft the optical apparatus. The latter is movable so that the operative appliance can be brought to different distances and positions from the cystoscope part. These mechanical appliances are galvano-caustic snare, cautery, small forces and lithotriptic forces.

2. Casper operative cystoscope differs from the Nitze cystoscope in that the lamp, window and prism are on the same plane, so that the whole optical apparatus is straight. The operative part is practically similar to the Nitze.

Both of these cystoscopes compel the operator to work under indirect vision.

3. Kolischer operative cystoscope. With this cystoscope the operator works under direct vision. The lamp and window are situated on the convexity of the beak. To the under part of the cystoscope is attached a canal through which the different instruments are introduced into the viscus. Their working end appears just below and in front of the window.

Considering the merits and demerits of these types it may be stated that the beak of the Nitze instruments is somewhat bulky and clumsy, because in the beak, the operative appliance and lamp are in contact, and must be introduced together. This is avoided in the Casper instrument, as the mechanical appliance is first independently introduced, furthermore the canal of this part is wide enough to allow of thorough flushing of the

bladder between the operative stages. On the other hand, the Nitze instrument is more simple so far as its mechanical settings are concerned. Both instruments have the drawback that the operative beak covers to a great extent the field of operation. It has been admitted that these two types, by allowing of the use of powerful instruments, allow of very energetic and extensive procedures.

The Kolischer cystoscope has the advantage of direct view, and that in consequence of its construction, the working end of the mechanical appliances do not interfere with the clear view of the field of operation. Another advantage is to be found in the variety of instruments. While this instrument also allows the use of both galvano-caustic snare and cautery, it is the only operative cystoscope which permits of the use of curettes, scissors, forceps used for picking up and removing small foreign bodies. But in order to keep the circumference within reasonable limits, it, has but a small lumen so that the usefulness of this instrument is somewhat limited by the small dimensions of the mechanical appliances.

I refrain from giving a minute description of the details of construction, which can be more readily understood by examining the instruments I wish to demonstrate.

In passing it is best to mention that Mirabeau and Latzko constructed small appliances which can be introduced into the bladder independently of the cystoscope, and used under the control of the cystoscope. The limited usefulness of these devices is further reduced by the fact that they are only to be used in the female bladder. The same holds good of the Kelly instruments, which do not approach the perfection of the modern cystoscope.

An important question is one of anesthetics, because a large number of individuals having bladder affections have also kidney diseases, and for this reason it is best to avoid general anesthetics if it is possible.

It is a fact that most of these endovesical operations can be done under a carefully given local anesthetic. The correct application of a local anesthetic is an important necessity. It is best to state at once the great danger of cocainization of the bladder. As a local anesthetic a highly concentrated antipyrine solution is to be recommended. It must not be forgotten that it requires ten minutes, or even longer until antipyrine gives the desired affect, hence must be done at the proper time. The urethra should be anesthetized by cocainization. While it is easy to do this within the pendulous urethra it is best to apply cocaine into the posterior urethra with the Ultzman capillary catheter. After injecting along the entire urethra the external urethral orifice is held fast to prevent the escape of the cocaine solution, and the entire urethra is massaged so as to bring the solution into intimate solution into intimate contact with the mucous membrane of the entire urethra. The disagreeable sensations in the prostatic urethra, caused by the stretching of the deeper layers, cannot be overcome by the superficial cocaine anesthesia, but must be overcome with a morphine and atropine rectal suppository.

Previous to any operative step it is advisable to have the bladder in as good a condition as it is possible to bring it with the usual irrigations,

instillations and internal medications. This procedure not only makes the bladder less sensitive, but also brings the localized centres of the pathological changes into prominence.

One of the most frequent indications for this method of treatment are the stubborn cases of cystitis. Under this are comprised not only the inflammation of large areas, but also small localized inflammation as fissures, ulcerations, as remnants of cystitis of the adjacent parts are free from pathological changes. Granulating cystitis is not an uncommon condition, and I wish to state most emphatically that these cases do not respond to the ordinary treatment, but require surgical intervention. The method of procedure is to remove these granulations by curettement, and the method of choice is with the aid of the operative cystoscope. The subsequent hemorrhage is as a rule exceedingly slight. If of any severity nitrate of silver irrigations will cause it to subside. It is my routine to inject, and to leave in, iodoform emulsion after such curettage, on account of the antiseptic and soothing effect

Fissures which if located in the bladder neck cause very annoying symptoms, can readily be healed with a single treatment consisting of an energetic cauterization.

A very important chapter of vesical diseases is the ulcer which follows a gonorrheal cystitis. The frequency of these and the importance of their treatment, has become more recognized since systematic cystoscopy has been practised amongst genito-urinary surgeons. The coating and the granulations which cover it must be thoroughly curetted, and prompt cure follows. It has become recognized that patients of this class can be treated for years without any results, and one single treatment, with the operating cystoscope, will cure these individuals.

The standpoint of the endovesical operator toward tumors of the bladder should be carefully discussed. Nitze claims that even malignant tumors ought to be operated with the operative cystoscope, pointing out, that definite results even after suprapubic cystotomy and extensive resection are far from satisfactory, and that even large malignant tumors can be removed by the galvano-caustic snare, down to their bases. This standpoint is certainly not approved of by the large majority of surgeons. Under our present view malignant tumors will always call for radical operations after cystotomy. It must be mentioned, however, that if these cases are beyond operation or refuse such a step an endovesical cauterization often gives great relief, especially after necrosis has set in. This interference can be repeated if necessary. I think the proper limitations for the operative cystoscope in cases of tumors, are furnished by the following points: The tumor should show no signs of malignancy. The tumor should not be so large as to interfere with the ease of manipulating the cystoscope. The tumor ought to be pedunculated, although it has to be admitted that even tumors with a large base can be removed with the operative cystoscopes, by removing them in sections. It is remarkable how large pieces can be urinated spontaneously. If single pieces are too large they can be removed by the evacuator, by first cutting them with cystoscopic scissors. There are benign tumors which become incrusted to such

an extent that they cannot be operated with the operative cystoscope, for they are too hard, but must be removed by resection of the bladder wall.

Nodular varicosities of the superficial veins which give rise occasionally to severe hemorrhages, are easily removed by cauterization with the galvano-cautery.

Small foreign bodies and immigrated ligatures, needles and hair pins have been repeatedly removed by means of the operating cystoscope. Foreign bodies of some considerable size should not be thus removed on account of the unnecessary traumatism.

The operative cystoscope plays an important role in the after control of litholapaxy. The cystoscope makes possible the minute and exact supervision of the bladder, and the small lithotriptor or forceps of the operative cystoscope is a reliable means of crushing small splinters and removing them. The latter procedures become more important if the sharp splinters become imbedded in the bladder wall. This condition is very dangerous because of the imminent possibility of perforation and suppuration, while even a powerful pump will not remove them.

Although I have given but a short sketch of the more important operative interferences I hope it has been of sufficient detail to impress all of the advantages of these procedures. I have attempted to give the fairly exact limitations, and have not been too enthusiastic in advocating its general adoption.

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According to statistics, the number of female physicians throughout the world is about 8,000, two-thirds of whom live in America.

According to a recent report from Geneva, 119 adventurous mountain climbers lost their lives in the Swiss Alps during the year 1901, the fatalities being double those of the precious year. The number of deaths from this cause has largely increased during the past few years.

Insanity in Detroit, Mich.—Recent investigations by Dr. J. B. Kennedy of the Health Board show that one person becomes insane every other day in the city of Detroit. He found that, during the year 1901, 180 persons were declared insane. Since 1894 the number of insane people in Detroit has increased over 100 per cent. This is far in excess of the increase of population during the same period.

Cholera in the Philippines.—In Manila the number of cases of cholera has been constantly decreasing. There were but 3 deaths from that disease reported September 13. Four deaths from bubonic plague were also reported that day. Six additional cases of cholera, with one death, have developed among the enlisted men on the U. S. transport Sherman, in quarantine at Nagasaki, Japan. Up to September 16, it is estimated that 59,759 cases of cholera, with 41,804 deaths, had occurred in the Philipines. Between September 1 and 15, 9 deaths occurred among the troops from cholera.

Hypnotics in General Medical Practice.

By S. E. Luckett, M. D.,
CAMPBELLSBURG, IND.

THERE is perhaps no disorder that will at times so harass a patient and so severely try the skill of the physician as a refractory case of insomnia. In the past it was customary to rely chiefly upon the bromides, chloral and opium in the drug treatment of sleeplessness. Experience, however, showed that the bromides possess hypnotic powers to a very limited extent, and can be utilized only in exceptional cases of mild insomnia. Chloral is a cardiac depressant, and is capable of producing alarming results in some persons. Opium and its alkaloids are only admissible in certain cases of insomnia due to severe pains, owing to their many unpleasant after-effects and the danger of habituation.

In later years chemistry has provided us with a number of hypnotics of greater or less efficiency from which to make a selection, of which trional, sulfonal, paraldehyde, hyoscin, hydrobromate, and chloralimid are the best known. While these drugs serve a useful purpose, the tendency at the present time is to resort to the systematic use of hypnotics only in cases in which other measures to induce sleep have failed, such as hygienic regulations, hydrotherapy, rest cure, etc. Church and Peterson in their new work on nervous diseases wisely observe "that any drug that sufficiently masters the organism to produce sleep is a dangerous remedy, and should be used with circumspection and only as a last resort." While this statement is true in a general way it applies more particularly to the older hypnotics, and certainly not, in my opinion, to methylproylcarbinol urethane, or hedonal, to which I shall now call attention.

During the use of the older hypnotics there was always a risk of creating a habit, which when once established was very difficult, if not impossible, to overcome. Their use was at times attended with alarming and dangerous symptoms, and continued for any length of time they had the tendency to disturb the digestion, impair the appetite, or otherwise interfere with the bodily functions.

According to my experience hedonal is free from these disadvantages. It is very quickly absorbed and is rapidly eliminated without leaving behind any traces, this being due to its complete oxydation in the system, the products of which are urea, water, and carbonic acid, that is to say, products normally eliminated by the organism in varying quantities. It is absolutely devoid of any toxic effects in any size doses that would be necessary to administer. Since commencing my studies of hedonal I have kept a careful record of its effects and compared them with the experiences of other observers. A careful study of 843 cases in which this remedy was employed by physicians in this country and abroad failed to show a single instance in which its use was attended with any alarming symptoms. In a few cases emesis and languor were mentioned, but no deleterious influence upon the circulation and respiration, and no habituation is recorded, although it was administered in some cases continually for periods

of two months. The dose has ranged from 10 to 90 grains. . The effec was manifested usually in 15 to 30 minutes, and sometimes not until the end of two hours. The duration of sleep produced varies from one to nine hours. Some observers have noticed more or less increase of the quantity of urine.

As the result of my own experience I can heartily concur with the observations of others, and have subjoined a number of cases which will serve to show the conditions in which it has been chiefly resorted to and the effects obtained:

Case I.—C. B., 34 years of age, railroader, states that he has been unable to sleep the past five nights, although not suffering from pain or worry. He was very nervous, and had a haggard and languid appearance. His appetite was poor; the tongue badly coated; the bowels found to be heavily loaded with fecal matter. The previous health was good, with the exception that some four or five years ago he had an attack of some form of nervous trouble, but at that time he states that his sleep was not interfered with. I gave him a brisk mercurial purge and succeeded in unloading his bowels of a great quantity of foul fecal matter, and followed this with elix. of calisaya, iron and strychnia before each meal, to improve his appetite. For the sleeplessness I gave him 15 grains of trional every four hours at night, also had him take more exercise than he had been accustomed to formerly. At the end of the fourth day he reported to me that he was no better, and was still unable to obtain good sleep. I then prescribed 30 grains of trional, but as he was unable to tolerate this size dose I had him discontinue the drug altogether, and put him on 20 grain doses of sulfonal, to be taken every four hours at night, which also failed to afford much relief. He was becoming very despondent and I was greatly disappointed, for it was the first time in my experience, covering a period of nearly ten years, that I had ever had them both fail me completely. I then tried hedonal, 15 grains every four hours at night. The first night he obtained some sleep, but not enough to meet the demands. I therefore ordered two of the powders, to be repeated in four to six hours, if necessary, which was followed by six hours sleep. He then repeated the dose and slept well into the morning, arising much refreshed. There was no headache, drowsiness, dizziness; no disturbance of the digestion, circulation, or respiration. I had him continue the drug in this way for four days, and I then reduced the amount to a single powder repeated every four to six hours, as the occasion required. He found that he was able to sleep through the entire night on two doses, and after the eighth day the single dose proved sufficient, this being taken at bedtime. At the expiration of another week the drug could be discontinued altogether, without any inconvenience. He continued to sleep well after its withdrawal. During the administration of this remedy I kept an accurate record of its effects, and at no time did I observe any unpleasant symptoms.

Case II.—Mrs. S. C. L. had been in bad health for the past two or three months, suffering from a severe endocarditis, the result of an attack of acute articular rheumatism. She was very nervous, complains of con-

siderable pain over the region of the heart, which at times became severe, and of headache; her appetite was lost; digestion bad; the pulse very weak and erratic, and she soon became unable to obtain any sleep at night, due, as I thought, to the pain. To control this I gave her 1-12 grain doses of heroin hydrochloride every four to six hours. This readily relieved the pain, but still she was unable to sleep. I then combined this with 15 grains of hedonal to be given at night, and this proved to be a very happy combination, for from it she was enabled to get the required amount of sleep, and suffered no pain. She took this combination at night and the heroin alone during the day, and continued this treatment for ten days, after which I directed her to take a single dose of the combined drugs on retiring, and the heroin alone before breakfast. The remedies were continued in this manner for another ten days, and afforded complete relief from all pain, and all the sleep that was required. At the expiration of two weeks I reduced those of each to one-half, and continued their use for another two weeks; after which they were dispensed with altogether. She easily gave up their use without any inconvenience, which plainly showed that she had acquired no appetite for them. This patient being my wife the facilities for observation were all that could be asked. There was at no time during the administration of these remedies any disturbances of the respiration or circulation, other than those that already existed at the beginning of treatment. The urine was carefully preserved and measured, and there was no increase in the amount found at any time.

Case III.—Mrs. R., aged 83, very weak and emaciated, pulse very irregular and of small volume, has a very badly diseased heart. At present she is suffering from a very persistent and severe attack of spasmodic neuralgia of the inferior dental branch of the trifacial nerve, evidently of idiopathic origin. She has had attacks of this trouble for the last 20 years, lasting from a few days to as much as five months. During her present illness she got in such a condition as to be unable to sleep as a result of the frequent paroxysms of pain. I at once put her on the customary treatment, but failed to afford her any relief. I was afraid to give her morphine and codein, for fear that it would affect her heart to a dangerous degree. Remembering the good results that heroin had given me in my own family I put her on 1-12 grain doses every four hours, with the object of relieving the pain, and at the same time the insomnia. It readily allayed the pain, but failed to produce sleep; so I combined with it at night 15 grain doses of hedonal which gave her the sleep so much required. Now that the pain was under control and the patient sleeping well, I began to build up the impoverished system, with tonics and rich foods. It took me six weeks to accomplish this. I then began to withdraw the heroin and hedonal gradually, and at the expiration of another week discontinued them. She continued to sleep well and there was no return of the pain, nor has there been since. During the administration of these drugs there was at no time any aggravation of the bad condition that the heart was already in at the beginning of their administration. The appetite also remained undisturbed.

Case IV.—O. R. has been unable to obtain any sleep for several nights. His health is good and has always been so; he is not of a nervous temperament; no history of a mental strain present to account for his inability to sleep. I gave him 15 grain dose of hedonal at bedtime for two weeks, which always afforded him a full night's sleep. There was no disturbance of the appetite, digestion, circulation or respiration; he did not notice any increase in the amount of urine that he passed; there were no unpleasant symptoms at any time during the administration of the remedy, and he easily gave up its use and continued to sleep well.

Case V.—R. R., aged 44 years, inebriate, very wild and hard to manage bordering, on delirium tremens, is unable to sleep unless he is deeply under the influence of alcohol. He has been drinking very heavily for several weeks. I put him on 30 grain doses of hedonal every four hours at night, but this dose was not sufficient to give him the necessary amount of sleep. I then increased the dose to 45 grains which he readily took without any bad results. It required two such doses for a few nights to secure satisfactory sleep but after this one was sufficient. I kept him on this single dose at bedtime for a period of three weeks when I abruptly discontinued the drug and directed him to try to go to sleep without the use of anything. He had some difficulty in doing this for the first two nights but after this he was able to sleep well being sober at the time. He assured me that he had no desire for the drug even on the nights that he was unable to sleep without its use. At no time was any bad result noticed while taking hedonal in large doses.

Case VI.—J. S. aged 41 years became mentally deranged about two weeks ago. He became violent especially in the afternoon and night having a mania to destroy life and having to be watched very closely to keep him from injuring some of his family or friends. He scarcely slept at all, and chloral in 15 grain doses failed to keep him quiet. As his heart was in a bad condition I was afraid to increase the dose or to push the remedy. I then gave him 40 grain doses of hedonal every four to six hours during the night which gave him a quiet and tranquil sleep. This size dose was continued for about two weeks and at the end of this time his family had sent him to an asylum and I lost sight of the case. While I was treaing him there was at no time any bad symptom from the hedonal and it always put him to sleep and kept him quiet for from four to five hours.

Case VII.—H. W. B. 42 years of age healthy and robust in appearance transacts a vast amount of business and consequently his mind at times is overworked, so that he becomes very nervous and unable to obtain the requisite amount of sleep. I have had him use hedonal of late when he would get in this condition, and usually a 15-grain dose is all that is necessary to produce a good night's sleep. He does not have to take it regularly. He has never noticed any unpleasant symptoms during its use, nor does it leave behind any disturbance the next day.

Case VIII.—Miss E. S. S., aged 17, very nervous and excitable, easily frightened, gets in a condition at times that she is unable to sleep.

Her mind will wander from one thing to another through the whole night. She at first refused to take any drugs for the relief of this condition, as she was afraid that she would in time become addicted to their use, a thing which she held in abhorrence. I finally convinced her that I could give her a remedy that would afford sleep without risk of habituation. I put her on 15-grain doses of hedonal at bedtime with excellent results, and it is but occasionally now that she has to resort to it. She has no desire for the drug, and no unpleasant effects have been observed from its use.

I have on several occasions in the past eight months been unable to sleep on going to bed, and each time I would take a 15-grain powder, which would always give me the sleep I desired in from fifteen to thirty minutes. I could never see that it affected the urinary flow in the least; it never left any unpleasant sensation the next day; at all times that I used it the sleep was undisturbed by dreams, and always left me feeling much refreshed.

My experience with this new preparation has been of the most satisfactory character. It has at all times proved to be perfectly safe in its action, and I have never had any unpleasant experiences with it. I think it is a drug that deserves to be more extensively used as an hypnotic, for it has no tendency to cause a desire for its use, is free from risk, and is to be relied on in all cases of simple or nervous insomnia.

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The Hygiene of Pregnancy.

Chicago, September 20, 1902.

To the Editor:

In reporting the discussion of my paper, "The Hygiene of Pregnancy," published in your last issue, a possible error was made by the stenographer, and was made to do Dr. Carl Andersen an injustice. What I intended to convey was that my paper was for the general practitioner, and not for the specialists like Dr. Andersen. Very truly,

C. E. Paddock, M. D.

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Merck's New Representative Congratulated.

Belleville, ills., 10, ix, 1902.

Dear editor! Shure nuf it neffer rains—it comes exactly in bucketfuls down. Little veil ago i did red in dat fortnightly Medical chernel bout a Dregstore man name Bauer was lifs in your neighborship on Sarah street near, vas out of a job and did got a situation by Mr. Merck's, of New York—dat fellow vat writes exactly archives and indexes. Few days later i did seen in von of the St. Louis morning bladders dat dey vas born to Mr. and Mrs. Bauer on Sarah street, exactly twins. Gut! By sum beebles it rains only pitchforks. By sum under peebles it rains katz and dogs. Vate a minit. By sum peoples it rains exactly gud jobs and twins. Altogedder i gif Congratulations to die new representative of Mr. Merck's, one for die new job and two for dem new twins exactly.

Dr. Med. SCHNUTZSCHNABEL.

P. S. too Bad we aint got no Sarah street in dis neighborship by Belleville near dat die Populashun of dis town also dubbles.—*Regular Medical Visitor.*

Puerperal Tetanus—Report of a Case.

E. W. Crum, B. S., M. D.,

MANCHESTER, ILL.

PUERPERAL TETANUS is rarely met with in this country, in fact it is so rare that few obstetricians are ever unfortunate enough to encounter more than one or two cases in a lifetime. Davis in his treatise on obstetrics states that it occurs more frequently during the first half of gestation, and that it most often follows operations rendered necessary for abortion. Young multiparae are most frequently affected, and either give a history of abortion or filthy habits and uncleanliness. In a total of 41 cases reported by Bennington (1885), 21 were due to abortion; Simpson reported 27 (Jour. of Med. Science, 1854), with a much larger percentage, due to the criminal act. Tropical climate has a marked influence on the infection. Waims in his "Diseases of India," reports 232 cases in three years. But in the United States most all of the cases which have occurred, have given a history of instrumental abortion by unskilled hands and in filthy surroundings, or negligence in the after-treatment, douching with non-sterile water, etc. The following case was witnessed by the author:

Mrs. G., aged 22½ years. First seen on July 19th, 1902. Gave a history of abortion performed with instruments several days before. Temperature 102½; pulse 120; respiration normal. On examination it was found the fetus of three months had been expelled, but parts of the placenta and clots remained in the uterus, these were removed and the uterus irrigated with a weak solution of creolin, and packed with sterile gauze.

July 20th, temperature 100, pulse 90, respiration normal. Gauze pack was removed and uterus again irrigated, and canal thoroughly flooded with solution of creolin.

July 21st, temperature normal, pulse normal.

July 22d, patient complained of pain and soreness in her jaws and neck, and neck very stiff. Antitetanus remedies and sedatives were administered, but by 7 p. m. of the same day her jaws were completely locked, and the muscles of her neck were rigid. Local contractions of the muscles were noted, especially the muscles of the face, but general spasms had not appeared.

July 23, consultation called. Patient anesthetized, and the uterus dilated and curetted. Although under complete chloroform anesthesia the jaws remained locked, and the muscles rigid. Jaws could not be opened even by prying.

July 24th, 1 a. m., patient had first general convulsion, which was followed by two more two hours apart, patient dying during the third convulsion, from asphyxia. The patient assumed the opisthotonos position, and the jaws remained rigid and locked after death. Anti-tetanic serum was not administered, as it could not be procured.

Fortnightlettes

GERM OF CANCER.—A series of experiments to be conducted by the medical department of the University of Berlin during the winter will have for its object the discovery of the germ causing cancer.

GREAT BRITAIN is the greatest tea-drinking country. The consumption is 5 pounds per head of the population. In Switzerland the consumption is estimated at 1½ pounds per head; in the United States about 1 pound per head.

POST-GRADUATE SCHOOL IN CINCINNATI.—A movement is on foot to establish a post-graduate medical school in Cincinnati. The faculty will be composed of members of the faculties of Miami Medical College and the Medical College of Ohio.

DR. JONATHAN HUTCHISON, who recently returned to England after studying the causes of leprosy in South Africa, is credited with saying that the primary cause of leprosy is the eating of badly cured salt fish. He does not believe that leprosy is infectious or contagious, but holds that it can be communicated by food contaminated by leprous hands.

DR. BOTTINI ILL.——Dr. Enrico Bottini, professor of operative surgery in the University of Pavia, Italy, well known throughout the entire world on account of his method of operation upon the prostate gland, has recently suffered an intracranial hemorrhage, the entire right side of his body being paralyzed. Encouraging reports of his improvement have been received.

COMPULSORY VACCINATION FOR SCHOOL CHILDREN.—The Montreal Health Department has sent a circular to all directors and managers of colleges, private and public schools, and convents stating that they must insist on receiving a certificate of successful vaccination from each child before it is allowed to attend the sessions. Prompt prosecution in the recorder's court is threatened for every violation of the law.

A PEST OF RATS.—It is announced that the Portugese capital, Lisbon, is infested with rats of great size, against which cats seem powerless. The local authorities have inoculated a number of the rats with an infectious disease to which human beings are insusceptible. It is hoped in this manner to kill off a majority of the rats. Watch the Lisbon reports, if this be a true plague of some sort should be recorded at an early date.

THE CLIMATE CURE OF CONSUMPTION was the subject of the presidential address before the Medical Society of the Missouri Valley in its annual meeting at Sioux City, Iowa, on September 18. In it Dr. R. C. Moore, of Omaha, exposed some of the fallacies in the arguments for climate as a factor in the cure of tuberculosis, and contended that the open-air treatment of the disease could be carried out in Massachusetts practically as satisfactorily as in New Mexico. He advocated the establishment of local sanotaria in every State of the Union.

Favorite Prescriptions

To Cure Poison Oak.—Apply a 50 per cent aqueous solution of ichthyol, using a camel's hair brush and making as black a stain as possible, and getting it quite dry before exposing it to the friction of the clothes.

Impotence.—A recent drug for which much is claimed in impotence is called yohimbin. Dr. R. W. Wilcox reports in a recent issue of the Medical News that a 1-12 grain dose, gradually increased to 1-6 grain demonstrated decisively its tonic aphrodisiac properties.

Pruritus.—Hartzell, in Ther. Gazette, recommends the following:

℞ Carbolic acid..... 3ss
Glycerin..... 3ii
Camphor water q. s. ad..... 3iv

This is mopped on the affected parts every three or four hours; or:

℞ Carbolic acid..... gr. 10-15
Starch.....
Bismuth subnitrate.....aa 3ii
Petrolatum..... 3ss

Acute Laryngitis.—

℞ Menthol gram..... gr. xlv
Ol. pini sylvestris.....
Ol. eucalypti.....
Tincturae benzoin.....
Tincturae tolutanae.....aa 3ss

Inhale from steam-kettle or vaporizer, or when evaporated in an iron spoon over a lamp.—*Le Progres Medical.*

Migraine.—Kowolesky (Med. Standard) suggests the following in the treatment of migraine:

℞ Sodii bromidi..... 3ii
Tinct. strophanthi..... 3ss
Cocaini hydrochlor..... gr. iii
Aq. aurantii flor..... 3vi

M. Sig.: One tablespoonful three times daily in milk.

Dandruff.—

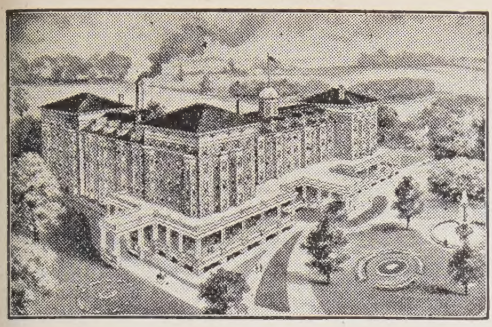
℞ Tinct. cantharidis.....
Ac. carbolici.....
Spt. lavand.....
Balsam Peruv. aa c. c..... 3ss
Spt. rosmarin. gtt.....
Aquae cologniensis ad c. c..... 3iij

—*Le Progres Medical.*

Boils (Abortive and Curative).—

℞ Ichthyol.....
Ether.....aa 6.0
Dilute alcohol..... 7.0

M. Sig. Apply twice daily.—*Glikman, Ther. Mon.*



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MEDICAL MEMORANDA.

FEMALE LEPER ASYLUM.—The Burmah Government has given land, and the Provincial Forest department a large quantity of timber for the construction of a new female leper asylum a Rangoon.

In the supplement to the Journal of Tuberculosis the whole subject of tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controlling the cough of pleurisy, one of the complications of phthisis, the doctor says (January, 1902, page 101), "Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results, and which possesses the very desirable advantage of not causing constipation."

In a recent book by a celebrated New York gynecologist special stress is laid upon vaginal douches of hot water supplemented by an astringent antiseptic in this condition. For this purpose Micajah's medicated uterine wafers are particularly adapted. After a thorough flushing with hot water insert a Micajah wafer into the vaginal canal up to the neck of the uterus. The convenient form in which these wafers are presented to the medical profession renders them superior to other means of applications, such as tampons, powders, etc., which they also surpass in efficacy and freedom from irritating action.

It is well known that a few vegetable drugs possess in eminent degree the property termed "alterative," acting in a manner akin to iodine. Chief among these are the active principles, colchicin, solanin and phytolaccin, the hydriodates of these alkaloids have all the alterative properties of the alkaline iodides without their upsetting effects. In tri-iodides (Henry) these are combined in aromatic cordial with chemically pure sodium salicylate, giving a combination which has attained a high place in the list of remedies for the host of ailments which depend upon a gouty rheumatic or syphilitic foundation. Practitioners who have employed this combination have been exceedingly well pleased with the results which it has produced.—*Medical Essays.*

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The Fourteenth International Medical Congress will be held in Madrid, from April 23d to 30th, 1903, and the undersigned is organizing a party of physicians to attend its sessions. Arrangements have been perfected for a high-class tour of Spain, via Gibraltar and Cordova, occupying in all about thirty days, eight of which will be spent in Madrid. The expenses from New York and return will be **$265,** including *all necessary expenses,* first-class ocean and railway travel, hotel accommodations, sight seeing, and services of an experienced conductor and interpreter. Full information and program may be obtained by addressing DR. CHAS. WOOD FASSETT, St. Joseph, Mo.